AHCCCS

Provider Affiliation Transmission

User Manual

Version 6.2
October 1, 2006

_____

T A B L E   O F   C O N T E N T S

_____

_____

O V E R V I E W

AHCCCS has contracts and agreements with health plans, the AHCCCS Pharmacy Benefit Manager and other AHCCCS contractors to deliver medically necessary services to AHCCCS eligible recipients. The AHCCCS Division of Health Care Management is charged with the responsibility of monitoring the provider networks of these entities to assure that they are adequate and that they meet the minimum contractual requirements.

The Provider Affiliation Transmission (PAT) is an integral part of this monitoring process. Every quarter the contractors submit information about each individual provider within their network. Each contractor is responsible for submitting true and valid information. AHCCCSA will regularly conduct verification procedures to monitor the accuracy of the data submitted by the contractors. Submission of false or erroneous information may result in sanctions imposed upon the contractors.

Contractors must use the specifications found in the following pages. Although certain fields are not edited prior to acceptance of the PAT, these fields may be reviewed by Health Plan Operations in the Division of Health Care Management. If incorrect, the contractor may be considered to be noncompliant with their obligation to submit an accurate PAT. The contractor may be required to make corrections immediately, submit a corrective action plan and be subject to sanctions.

If there are any questions regarding the Provider Affiliation Transmission or its submission, they should be directed to the ACUTE Care Operations Specialist in the Division of Health Care Management at AHCCCS.

_____

DEFINITION OF TERMS

- AHCCCS   Arizona Health Care Cost Containment System

- AHCCCSA   Arizona Health Care Cost Containment System Administration

- BC Indicator   Indicates whether or not the provider is board certified.

- BH Indicator   Indicates whether or not the provider performs behavioral health services.

- City   The city where the provider performs services.

- Conditional   Whether a field is required to be populated on the transmission depends upon the value of another field.

- Contract Code   Defines the contractor's contracted relationship with the provider and the type of financial arrangements the contractor has with the provider.

- Contractor   An Acute Care health plan, the AHCCCS Pharmacy Benefit Manager or other AHCCCS contractor.

- Contractor ID   An AHCCCSA assigned number identifying the contractor on the AHCCCS contractor database.

- County Code   An AHCCCSA assigned code that identifies that the service location is in a specific county in Arizona, the service location is outside of Arizona, or that services are performed on a statewide basis.

- CR Indicator   Indicates whether or not the provider has completed a residency.

- Creation Date   The date that the provider affiliation transmission file is transmitted to AHCCCS.

_____

♦ Dental Indicator   Indicates whether or not the provider is available for member choice for routine and preventive care.

♦ EPSDT Indicator   Indicates whether or not the provider performs early and periodic screening, diagnosis and treatment services.

♦ Group   An organization through which more than one provider contracts under the same contract.

♦ Language Spoken Code - Provider   A code associated with a specific language, other than English, used by the provider.

♦ Language Spoken Code - Provider Staff   A code associated with a specific language, other than English, used by the provider's staff.

♦ Member Capacity   The maximum number of members accepted by the provider.

♦ Member Count   The total number of members currently assigned to the provider.

♦ National Provider Identifier (NPI)   A unique standard identification number assigned to the provider by CMS.

♦ OB Indicator   Indicates whether or not the provider delivers obstetric services.

♦ PO Indicator   The Provider Open (PO) Indicator denotes whether the provider is accepting new members.

♦ PAT   Abbreviation for provider affiliation transmission.

♦ PCP   Primary Care Provider is an individual who is responsible for the management of a member's health care.

♦ PCP Indicator   Indicates whether or not the provider is available as a primary care provider to the general membership.

♦ Provider Affiliation   The relationship between a provider and a contractor.

♦ Provider Type Code   An AHCCCSA assigned code that identifies services that may be rendered by the provider. For example, 07 (Dentist), 08 (Physician, Allopath), 10 (Podiatrist), 19 (Registered Nurse Practitioner), and 31 (Physician, Osteopath).

_____

_____

♦ Record Type   An AHCCCSA assigned field that identifies a specific record on the file.

♦ Service Provider ID   An AHCCCSA assigned number identifying the provider on the AHCCCS provider database.

♦ Specialty Code   AHCCCSA assigned codes that are subsets of the Provider Type Codes.

♦ Street Address   The physical street address where the provider performs services. ***PO Boxes must not be used.*** If a street address does not exist, you may use a physical description/location as long as it would serve to direct members to where care is provided. Providers who are Hospitalist should use the hospital address as their service street address**. This field is for physical service location only. Information regarding practice names or the names of ancillary providers must not be entered into this field.**

♦ Total Record Count   The total number of records submitted in the provider affiliation transmission.

♦ VPN   Virtual Private Network

♦ ZIP Code   The ZIP code where the provider performs services.

_____

_____

RULES AND ASSUMPTIONS

Effective Date. This manual is effective for transmissions submitted on or after 1 January 2007.

♦ Each contractor is required to submit a minimum of four Provider Affiliation Transmissions per contract year, at least one per quarter. The transmissions must be submitted on or before the 15th of the first month in each quarter.

FIRST SUBMISSION DUE ON OR BEFORE	LATE & RE-SUBMISSION DUE ON OR BEFORE	FOR QUARTER
10/15	11/20	10/01 - 12/31
01/15	02/20	01/01 - 03/31
04/15	05/20	04/01 - 06/30
07/15	08/20	07/01 - 09/30

Please note: If the 15th or the 20th of the month falls on an AHCCCSA non-business day (e.g. Saturday, Sunday, holiday), the transmission will be due on the next AHCCCSA routine business day.

♦ Before an approved PAT is loaded to the AHCCCS PAT database, all existing PAT records for the current contractor are deleted from the database. Therefore, **each PAT must represent the contractor's entire provider network.**

♦ Because the contractor's entire network is replaced by each transmission, a transmission that has an error rate of more than three percent (3.0%) will not be accepted for processing.

♦ An Outside Server Directory has been created for each contractor. Each contractor will be able to add or read files only under its own directory.

♦ Contractors will use the following production Outside Server Directory to load data:

\\170.68.21.54\FTP\AAA\PROVAFIL\PPPPPPIN\PROD\PAMMDDYY.TXT
'AAA' is the health plan acronym, 'PPPPPP' is the contractor's ID number and 'MMDDYY' is the transmission date.

Once the file is uploaded into the AHCCCS Mainframe Computer, contractors will receive a message to notify you that the file has been received by AHCCCS. The message will read "Your Provider Affiliation File Was Received. Thank you." This message will appear in the contractors "out" directory in filename LGMMDDYY.TXT.
\\170.68.21.54\FTP\AAA\PROVAFIL\PPPPPPOUT\PROD\LGMMDDYY.TXT

_____

_____

'AAA' is the health plan acronym, 'PPPPP' is the contractor's ID number and 'MMDDYY' is the transmission date.

♦ **The following conditions must be adhered to or the PAT will be rejected by AHCCCSA:**

- The file must be submitted to the AHCCCS Outside Server Directory listed on page 7.

- The record length must be 180 bytes.

- A single file header (T0) record is required.

- At least one file detail (A1) record is required.

- A single file trailer (T9) record is required.

- The Contractor ID on the file header record must be a registered AHCCCSA Contractor.

- The Creation Date on the file header record must be a valid date (MMDDYY). The Creation Date must be the date the file is transmitted to AHCCCS.

- The Total Record Count on the file trailer record must be formatted as a numeric with a value of greater than zero.

♦ Service Provider ID is required and must be a valid registered AHCCCSA provider. The ID must be for an individual provider, as opposed to a group provider ID. Each AHCCCS assigned Service Provider ID number is compared to the AHCCCS Provider Registration file to assure that it belongs to a registered provider. If it does not, that Provider ID will appear on each of the load exception reports. This report will be given to each contractor so errors can be corrected.

♦ National Provider Identifier is required beginning May 23, 2007 for all provider types listed in table Provider Types Requiring NPI on pages 22 - 24. Note however that AHCCCS Provider Registration may make exceptions to the rule for specific providers. When edits are conducted against the transmitted file, each provider record will be checked for exceptions to the requirement.

♦ **All text must be in upper case, including the file name**.

♦ A single Service Provider ID with multiple service sites within the same unique ZIP and county code requires a separate detail (A1) record for each service site.

_____

_____

♦ Service Street Address – 1 is required but is not edited prior to acceptance of the transmission *(except under the prior condition, i.e., multiple service sites)*. Providers who are Hospitalists should use the hospital address as their service street address. Punctuation and/or other symbols must not be entered into this field. To provide a uniform method to abbreviate an address, use the street abbreviations found on page 15, and the directional abbreviations and secondary unit abbreviations found on page 16, of this document. **Information regarding practice names or the names of ancillary providers must not be entered into this field.**

♦ Service Street Address – 2 is optional and is not edited prior to acceptance of the transmission *(except under the prior condition)*.

♦ City is required and is not edited *(except under the prior condition)*.

♦ ZIP Code is required and may be submitted as a 5 or 9 digit code (*do not include a hyphen if submitting a 9 digit code*).

♦ County Codes must be valid as defined by the County Code table found on page 17 of this document. The County Code should represent the county in Arizona where the provider performs services or should indicate that the provider performs services either out-of-state or on a statewide basis.

♦ All of the following yes/no indicators must contain a valid 'Y' or 'N' value (blank defaults to 'N').

- BH Indicator
- BC Indicator
- PCP Indicator
- Dental Indicator

- EPSDT Indicator
- OB Indicator
- PO Indicator

♦ Completed Residency Indicator is optional. However, if completed the field entry should contain an indicator of 'Y' or 'N'.

♦ Member Count and Capacity are required when the PCP indicator is set to 'Y'. The count and capacity must be formatted as numeric. Capacity must have a value greater than zero for PCP health care providers. Count may be zero. Count and Capacity must be reported at the site level.

♦ Contract Codes are required and must be valid as defined by the Contract Code table found on page 17 of this document. If the contractor uses a provider frequently, but does not have a signed contract with the provider, that provider should be reported using the '00' code indicating 'No Contract.' The Contract Code for 'Capitated With/Without Withhold or Bonus,' (code '07') represents either partial or total capitation.

_____

_____

♦ Language Spoken Codes - Provider is optional unless the provider speaks a language other than English. Field entries must be valid as defined by the Language Spoken Code table found on pages 18 – 19 of this document (*maximum of two language codes are permitted*).

♦ Language Spoken Codes – Provider Staff is optional unless staff speak a language other than English. Field entries must be valid as defined by the Language Spoken Code table found on pages 18 – 19 of this document (*maximum of three language codes are permitted*).

♦ Specialty Codes must be valid as defined by the Specialty Code table found on pages 19 – 22 of this document (*a maximum of ten Specialty Codes are permitted*). Specialty Codes are required for the following provider types:

- 07 Dentist
- 08 Physician - Allopath
- 10 Podiatrist
- 19 Registered Nurse Practitioner
- 31 Physician - Osteopath

Specialty Code 999-Other, should only be used if the provider's specialty is not listed in the table beginning on page 19.

♦ The Transmission Validation Report (see sample on page 25) provides information about the status of the submitted PAT. If all conditions are met, the transmission passes and is accepted for loading to the PAT database. If the transmission fails any of the required conditions, the transmission is rejected and returned to the contractor for correction and re-submission.

♦ The Load Exceptions by Provider Report (sample on page 26) provides a list of all exception errors that occurred during the PAT database load process, sorted by Provider ID. The report is designed to aid the contractor in error correction. All exception errors must be corrected prior to the next submission. This report will appear in the contractor's "out" directory in filename EPMMDDYY.TXT.
\\170.68.21.54\FTP\AAA\PROVAFIL\PPPPPPOUT\PROD\EPMMDDYY.TXT
'AAA' is the health plan acronym, 'PPPPPP' is the contractor's ID number and 'MMDDYY' is the transmission date.

♦ The Load Exceptions by Field Report (sample on page 26) provides the same list of exception errors reported on the 'by Provider' Exception Report, but is sorted by the field in error. The report is designed to aid the contractor in error correction. All exception errors must be corrected prior to the next submission. This report will appear in the contractor's "out" directory in filename EFMMDDYY.TXT.
\\170.68.21.54\FTP\AAA\PROVAFIL\PPPPPPOUT\PROD\EFMMDDYY.TXT
'AAA' is the health plan acronym, 'PPPPPP' is the contractor's ID number and 'MMDDYY' is the transmission date.

_____

_____

♦ The Load Detail Report (sample on page 27) provides a complete listing of all PAT data loaded to the PAT database, sorted by Provider ID. The sort sequence for this report is contractor name/ county name/ city name/ provider type name/ provider specialty name/ provider last name alphabetically. This report will appear in the contractor's "out" directory in filename LDMMDDYY.TXT.
\\170.68.21.54\FTP\AAA\PROVAFIL\PPPPPPOUT\PROD\LDMMDDYY.TXT
'AAA' is the health plan acronym, 'PPPPPP' is the contractor's ID number and 'MMDDYY' is the transmission date.

♦ The Provider Affiliation Duplicate Report (sample on page 28) provides a list of providers who were reported more than once within the same zip code. This report is designed to aid the contractor in identifying and removing duplicate listings of providers.

♦ The Load Summary Report (sample on page 28) provides summarized information about the PAT load process including the total number of records read and the total number of records with exception errors.

♦ The Summary Totals Report (sample on page 29) provides summarized information about the providers listed on the PAT. The sort sequence for this report is contractor name/ county name/ city name/ provider type name/ provider specialty name. The report will provide the overall total for each provider type/ provider specialty. From the overall total, the report provides the total number of PCPs, PCPs who provide EPSDT service, PCPs who provide OB services, the total number of OB providers and the total number of BH providers. This report will appear in the contractor's "out" directory in filename STMMDDYY.TXT.
\\170.68.21.54\FTP\AAA\PROVAFIL\PPPPPPOUT\PROD\STMMDDYY.TXT
'AAA' is the health plan acronym, 'PPPPPP' is the contractor's ID number and 'MMDDYY' is the transmission date.

♦ Reports are downloaded to the contractor's Outside Server Directory on the day that processing completes and an email is sent notifying the contractor of the results.

♦ All new AHCCCSA contractors must submit a test PAT to AHCCCSA prior to the first production file submission. The test PAT must conform to all requirements as outlined in this document. The test PAT should be received by AHCCCSA at least two weeks prior to the submission of the production transmission.

♦ To submit a test PAT, contractors will use the following test Outside Server Directory to load data:

　　\\170.68.21.54\FTP\AAA\PROVAFIL\PPPPPPIN\TEST\PAMMDDYY.TXT
　　'AAA' is the health plan acronym, 'PPPPPP' is the contractor's ID number and 'MMDDYY' is the transmission date.

_____

_____

♦ The results will be loaded to the contractor's out directory:

    \\170.68.21.54\FTP\AAA\PROVAFIL\PPPPPPOUT\TEST\RTMMDDYY.TXT
    'AAA' is the health plan acronym, 'PPPPPP' is the contractor's ID number,
    'MMDDYY' is the transmission date and 'RT' is the report type.

    Report Types (RT):
    LG = Log File
    LD = Load Detail
    ST = Summary Totals
    EP = Exceptions by Provider
    EF = Exceptions by Field

_____

_____

FILE SPECIFICATIONS

FILE HEADER

DATA NAME	PIC	POS		EDITING PERFORMED
CONTRACTOR ID	X(6)	01	06	Must be an AHCCCSA registered and active Contractor
FILLER	X(6)	07	12	NONE
CREATION DATE	X(6)	13	18	Valid date in 'MMDDYY' format and equal the date data is transmitted to AHCCCS.
FILLER	X(12)	19	30	NONE
PRODUCE LOAD DETAIL REPORT	X(1)	31	31	'Y' or 'N'
FILLER	X(147)	32	178	NONE
RECORD TYPE	X(2)	179	180	'T0'.

FILE TRAILER

DATA NAME	PIC	POS		EDITING PERFORMED
TOTAL RECORD COUNT	9(9) *	01	09	A valid numeric count that is equal to the total number of records on the file (T0+A1+T9)
FILLER	X(169)	10	178	NONE
RECORD TYPE	X(2)	179	180	'T9'

* NUMERIC

_____

FILE DETAIL

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE PROVIDER ID	X(6)	1	6	Required	An active AHCCCSA registered provider
SERVICE STREET 1	X(25)	7	31	Required	NONE
SERVICE STREET 2	X(25)	32	56	Required	NONE
SERVICE CITY	X(20)	57	76	Required	NONE
SERVICE ZIP	X(9)	77	85	Required	NONE (5 or 9 digit number)
COUNTY CODE	X(2)	86	87	Required	See list of valid codes in this document
PCP INDICATOR	X(1)	88	88	Required	'Y' or 'N'
OB INDICATOR	X(1)	89	89	Required	'Y' or 'N'
BH INDICATOR	X(1)	90	90	Required	'Y' or 'N'
DENTAL INDICATOR	X(1)	91	91	Required	'Y' or 'N'
EPSDT INDICATOR	X(1)	92	92	Required	'Y' or 'N'
PO INDICATOR	X(1)	93	93	Required	'Y' or 'N'
BC INDICATOR	X(1)	94	94	Required	'Y' or 'N'
CR INDICATOR	X(1)	95	95	Optional	'Y' or 'N'
MEMBER COUNT	9(6) *	96	101	Conditional	A valid numeric greater than or equal to zero
MEMBER CAPACITY	9(6) *	102	107	Conditional	A valid numeric greater than zero
RESERVED FOR FUTURE USE	X(3)	108	110	N/A	NONE
RESERVED FOR FUTURE USE	X(3)	111	113	N/A	NONE
CONTRACT CODE	X(2)	114	115	Required	See list of valid codes in this document
LANGUAGE CODE - PROVIDER 1	X(2)	116	117	Optional	See list of valid codes in this document
LANGUAGE CODE - PROVIDER 2	X(2)	118	119	Optional	See list of valid codes in this document
LANGUAGE CODE - PROVIDER STAFF 1	X(2)	120	121	Optional	See list of valid codes in this document
LANGUAGE CODE - PROVIDER STAFF 2	X(2)	122	123	Optional	See list of valid codes in this document
LANGUAGE CODE - PROVIDER STAFF 3	X(2)	124	125	Optional	See list of valid codes in this document
SPECIALTY CODE 1	X(3)	126	128	Conditional	See list of valid codes in this document
SPECIALTY CODE 2	X(3)	129	131	Conditional	See list of valid codes in this document
SPECIALTY CODE 3	X(3)	132	134	Conditional	See list of valid codes in this document
SPECIALTY CODE 4	X(3)	135	137	Conditional	See list of valid codes in this document
SPECIALTY CODE 5	X(3)	138	140	Conditional	See list of valid codes in this document
SPECIALTY CODE 6	X(3)	141	143	Conditional	See list of valid codes in this document
SPECIALTY CODE 7	X(3)	144	146	Conditional	See list of valid codes in this document
SPECIALTY CODE 8	X(3)	147	149	Conditional	See list of valid codes in this document
SPECIALTY CODE 9	X(3)	150	152	Conditional	See list of valid codes in this document
SPECIALTY CODE 10	X(3)	153	155	Conditional	See list of valid codes in this document
NATIONAL PROVIDER IDENTIFIER	X(10)	156	165	Conditional	See list of provider types required to have an NPI by 05/23/2007
RESERVED FOR FUTURE USE	X(23)	156	178	N/A	NONE
RECORD TYPE	X(2)	179	180	Required	'A1'

_____

* NUMERIC

STREET ABBREVIATIONS

Primary Name	Postal Service Standard Abbreviation
Avenue	AVE
Boulevard	BLVD
Center	CTR
Circle	CIR
Court	CT
Drive	DR
Expressway	EXPY
Freeway	FWY
Highway	HWY
Junction	JCT
Lane	LN
Parkway	PKWY
Place	PL
Road	RD
Roadway	RDWY
Route	RT
Square	SQ
Station	STA
Street	ST
Terrace	TER
Trail	TRL

_____

_____

DIRECTIONAL ABBREVIATIONS

Description	Approved Abbreviation
East	E
North	N
Northeast	NE
Northwest	NW
South	S
Southeast	SE
Southwest	SW
West	W

SECONDARY UNIT ABBREVIATIONS

Description	Approved Abbreviation
Administration	ADMN
Annex	ANX
Apartment	APT
Branch	BR
Building	BLDG
Company	CO
Convalescent	CONVAL
Department	DEPT
Division	DIV
Floor	FL
Hospice	HSPC
Hospital	HOSP
Laboratory	LAB
Lobby	LBBY
Office	OFC
Room	RM
Space	SPC
Suite	STE
Trailer	TRLR

_____

C O U N T Y   C O D E S

CD	DESCRIPTION
01	APACHE
03	COCHISE
05	COCONINO
07	GILA
09	GRAHAM
11	GREENLEE
13	MARICOPA
15	MOHAVE
17	NAVAJO
19	PIMA
21	PINAL
23	SANTA CRUZ
25	YAVAPAI
27	YUMA
29	LA PAZ
31	OUT OF STATE
99	STATEWIDE

C O N T R A C T   C O D E S

CD	DESCRIPTION
00	NO CONTRACT
01	SALARY
02	SALARY WITH WITHHOLD
03	SALARY WITH BONUS
04	FEE FOR SERVICE
05	FEE FOR SERVICE WITH WITHHOLD
06	FEE FOR SERVICE WITH BONUS
07	CAPITATED WITHOUT WITHHOLD OR BONUS
08	CAPITATED WITH WITHHOLD
09	CAPITATED WITH BONUS
10	CAPITATION FEE FOR SERVICE MIX
99	OTHER

L A N G U A G E S P O K E N C O D E S

CD	DESCRIPTION	AREA OF ORIGIN
01	SPANISH	
02	ALBANIAN	
03	AMERICAN SIGN LANGUAGE	
04	APACHE	
05	ARABIC	
06	ARMENIAN	
07	BOSNIAN	
08	CHINESE	
09	CROATIAN	
10	CZECH	
11	DANISH	
12	DUTCH	
13	EDO	NIGERIA
14	FINNISH	
15	FRENCH	
16	GERMAN	
17	GREEK	
18	GUJARATI	INDIA
19	HEBREW	
20	HINDI, INDIAN, EAST INDIAN	
21	HOPI	
22	IRANIAN, PERSIAN, FARSI	
23	ITALIAN	
24	JAPANESE	
25	KANNADA	INDIA
26	KOREAN	
27	MARATHI	AFGHANISTAN, BANGLADESH, INDIA, IRAN, NEPAL, PAKISTAN, AND SRI LANKA
28	NAVAJO	
29	NIGERIAN	
30	NORWEGIAN	
31	IGBO	NIGERIA
32	POLISH	
33	PORTUGUESE	
34	PUNJABI	PAKISTAN
35	ROMANIAN	
36	RUSSIAN	
37	SERBIAN	
38	SINGHALESE	SRI LANKA

LANGUAGE SPOKEN CODES (continued)

CD	DESCRIPTION	AREA OF ORIGIN
39	SWEDISH	
40	TAGALOG (FILIPINO)	
41	TAIWANESE	
42	TAMIL	INDIA
43	THAI, SIAMESE	
44	TOHONO O'ODHAM	
45	UKRANIAN	
46	URDU, PAKISTANI	
47	VIETNAMESE	
48	YAQUI	
49	YORUBA	WESTERN AFRICA
99	OTHER	

SPECIALTY CODES

CD	DESCRIPTION
010	ALLERGIST/IMMUNOLOGIST
011	ALLERGIST
012	IMMUNOLOGIST
020	ANESTHESIOLOGIST
030	SURGERY-COLON/RECTAL
040	DERMATOLOGIST
050	FAMILY PRACTICE
055	GENERAL PRACTICE
060	INTERNAL MEDICINE
062	CARDIOVASCULAR MEDICINE
063	ENDOCRINOLOGIST
064	GASTROENTEROLOGIST
065	HEMATOLOGIST
066	INFECTIOUS DISEASES
067	NEPHROLOGIST
068	PULMONARY DISEASES
069	RHEUMATOLOGIST
070	SURGERY-NEUROLOGY
075	NEUROLOGIST

S P E C I A L T Y   C O D E S (continued)

CD	DESCRIPTION
076	PEDIATRIC NEUROLOGIST
080	NUCLEAR MEDICINE
082	GERONTOLOGIST
083	PSYCHOLOGIST
084	RN FAMILY NURSE PRACTITIONER
085	RN SCHOOL NURSE PRACTITIONER
086	RN PEDIATRIC NURSE ASSOCIATE
087	RN PEDIATRIC NURSE PRACTITIONER
088	RN GERIATRIC NURSE PRACTITIONER
089	OBSTETRICIAN AND GYNECOLOGIST
090	GYNECOLOGIST
091	OBSTETRICIAN
092	MATERNAL AND FETAL MEDICINE
093	REPRODUCTIVE ENDOCRINOLOGIST
094	RN MIDWIFE
095	WOMEN'S HC/OB-GYN NP
096	NEONATAL NURSE PRACTITIONER
097	RN ADULT NURSE PRACTITIONER
100	OPHTHALMOLOGIST
110	SURGERY-ORTHOPEDIC
120	OTOLARYNGOLOGIST
122	LARYNGOLOGIST
124	OTOLOGIST
125	RHINOLOGIST
150	PEDIATRICIAN
151	PEDIATRIC CARDIOLOGIST
152	PEDIATRIC HEMATOLOGIST
153	SURGERY-PEDIATRIC
154	PEDIATRIC NEPHROLOGIST
155	PEDIATRIC NEONATAL/PERINATAL
156	PEDIATRIC ENDOCRINOLOGIST
157	PEDIATRIC ALLERGIST
158	RADIOLOGY PEDIATRIC
159	PEDIATRIC PULMONARY
160	PHYSICAL MEDICINE/REHABILITATION
161	OSTEOPATHIC MANIPULATIVE THERAPY
165	THERAPIST-SPEECH
166	THERAPIST-OCCUPATIONAL
167	THERAPIST-PHYSICAL

S P E C I A L T Y   C O D E S   (continued)

CD	DESCRIPTION
170	SURGERY-PLASTIC
171	SURGERY-PLASTIC, OTOLARYNGOLOGICAL FACIAL
175	ACUPUNCTURIST
176	ADOLESCENT MEDICINE
181	SURGERY-OBSTETRICAL
182	PREVENTIVE MEDICINE
183	OCCUPATIONAL MEDICINE
187	NUTRITIONIST
188	PHARMACOLOGIST
189	PSYCHOSOMATIC MEDICINE
191	PEDIATRIC-PSYCHIATRIST
192	PSYCHIATRIST
195	PSYCHIATRIST AND NEUROLOGIST
200	RADIOLOGY
201	RADIOLOGY-DIAGNOSTIC
205	RADIOLOGY-THERAPEUTIC
210	SURGERY
211	SURGERY-ABDOMINAL
212	SURGERY-CARDIOVASCULAR
213	SURGERY-HAND
214	SURGERY-HEAD AND NECK
215	SURGERY-MAXILLOFACIAL
216	SURGERY-TRAUMA
217	SURGERY-UROLOGICAL
218	SURGERY-VASCULAR
219	SURGERY-GYNECOLOGICAL
220	SURGERY-THORACIC
230	UROLOGIST
241	ONCOLOGIST
250	EMERGENCY MEDICINE
251	CRITICAL CARE MEDICINE
441	SURGERY-OPHTHALMOLOGICAL
484	SURGERY-PODIATRIST
490	IMMUNOHEMATOLOGY
503	PHYSIOLOGICAL TESTING
600	OPTOMETRIST
650	PODIATRIST
714	EYE (LOW VISION SPECIALIST)
798	PHYSICIAN ASSISTANT

_____

S P E C I A L T Y   C O D E S   (continued)

CD	DESCRIPTION
800	DENTIST-GENERAL
801	DENTIST-ORTHODONTURE
802	DENTIST-ENDODONTIST
803	DENTIST-ORAL PATHOLOGIST
804	DENTIST-PEDODONTIST
805	DENTIST-PROSTHODONTIST
806	DENTIST-PERIODONTIST
808	DENTIST-ORAL SURGEON
809	DENTIST-ANESTHESIOLOGIST
900	PROCEDURES-ANY CERTIFIED LAB
901	EMERGENCY ROOM PHYSICIANS
925	AUDIOLOGIST
927	CARDIOLOGIST
935	OTORHINOLARYNGOLOGIST (ENT)
943	PEDIATRIC ORTHOPEDIST
950	ORTHOPEDIST
958	GYNECOLOGICAL ONCOLOGY
963	PEDIATRIC HEMATOLOGY-ONCOLOGY
999	OTHER

P R O V I D E R   T Y P E S   R E Q U I R I N G   N P I

CD	DESCRIPTION
A2	LEVEL III BEHAVIORAL HTH RESIDENTIAL
A3	COMMUNITY SERVICE AGENCY
A4	LIC INDEP SUBSTANCE ABUSE COUNS (LISAC)
A5	THERAPEUTIC FOSTER CARE PROVIDER
A6	RURAL SUBSTANCE ABUSE TRANSITIONAL AGCY
B1	RESID TRTMENT CTR-SECURE (17+BEDS)(IMD)
B2	RESID TRTMENT CTR-NON-SECURE (1-16 BEDS)
B3	RESID TRTM CTR-NON-SECURE (17+BEDS)(IMD)
B5	SUBACUTE FACILITY (1-16 BEDS)
B6	SUBACUTE FACILITY (17+BEDS)(IMD)
B7	CRISIS SERVICES PROVIDER
C2	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
C3	FAMILY PLANNING SERVICES

_____

P R O V I D E R   T Y P E S   R E Q U I R I N G   N P I (continued)

CD	DESCRIPTION
DG	DOC GENERAL PROVIDER
DN	DOC NON-PAY PROVIDER
D1	DENTIST-ENDODONTIST
D2	DENTIST-PEDODONTIST
D3	DENTIST-ORAL SURGEON
D4	CLINIC - DENTAL SERVICES
E1	INDEPENDENT TESTING FACILITIES
02	HOSPITAL
03	PHARMACY
04	LABORATORY
05	CLINIC
06	EMERGENCY TRANSPORTATION
07	DENTIST
08	MD-PHYSICIAN
09	CERTIFIED NURSE-MIDWIFE
10	PODIATRIST
11	PSYCHOLOGIST
12	CERTIFIED REGISTERED NURSE ANESTHETIST
13	OCCUPATIONAL THERAPIST
14	PHYSICAL THERAPIST
15	SPEECH/HEARING THERAPIST
16	CHIROPRACTOR
17	NATUROPATH
18	PHYSICIANS ASSISTANT
19	REGISTERED NURSE PRACTITIONER
20	RESPIRATORY THERAPIST
22	NURSING HOME
23	HOME HEALTH AGENCY
26	MIPS SPEECH THERAPIST/AUDIOLOGISTS
29	COMMUNITY/RURAL HEALTH CENTER
30	DME SUPPLIER
31	DO-PHYSICIAN OSTEOPATH
33	REHABILITATION CENTER
35	HOSPICE
41	DIALYSIS CLINIC
43	AMBULATORY SURGICAL CENTER
46	NURSE (PRIVATE-RN/LPN)
54	DENTAL HYGENIST
59	DENTAL LAB
62	AUDIOLOGIST

_____

P R O V I D E R   T Y P E S   R E Q U I R I N G   N P I (continued)

CD	DESCRIPTION
63	DRUG AND ALCOHOL REHAB
64	DETOX CENTER
67	PERFUSIONIST
68	HOMEOPATHIC
69	OPTOMETRIST
71	PSYCHIATRIC HOSPITAL
77	MENTAL HEALTH REHABILITATION
78	MENTAL HEALTH RESIDENTIAL TREATMENT CNTR
79	VISION CENTER
82	SURGICAL FIRST ASSISTANT
83	FREE-STANDING BIRTHING CENTER
84	LICENSED MIDWIFE
85	LICENSED CLINICAL SOCIAL WORKER (LCSW)
86	LICENSED MARRIAGE & FAMILY THERAPIST LMFT
87	LICENSED PROFESSIONAL COUNSELOR (LPC)
89	SCHOOL BASED CERTIFIED SCHOOL PSYCHOLOGIST
90	QMB ONLY PROVIDER
94	SCHOOL BASED NURSE (RN/LPN)
97	AIR TRANSPORTATION
98	CASE MANAGER
99	EVS/NON-SERVICE PROVIDER

_____

SAMPLE REPORTS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
PROVIDER AFFILIATION TRANSMISSION REPORT
TRANSMISSION TRANSMTTAL VALIDATION REPORT

PAGE: 1
RUN: 07/15/06
TIME: 17:11

	TRANSMITTAL	TRANSMISSION HEADER	TRANSMISSION DETAIL	TRANSMISSIONTRAILER	ACTUAL	PASS/ FAIL
FOUND:	YES	YES (1)	YES (2204)	YES (1)	-	PASS
RECORD COUNT:	2206		-	2206	2206	PASS
HEALTH PLAN:	100100	100100	-	-	-	PASS
FILE NAME:	PA071506.TXT		-	-	-	PASS
FILE CREATION DATE:	07/15/2006	07/15/2006	-	-	-	PASS
PERIOD START DATE:	07/15/2006	07/15/2006	-	-	-	PASS
PERIOD END DATE:	07/15/2006	07/15/2006	-	-	-	PASS

TRANSMISSION ERROR PERCENT: 0.47%

PROCESSING RUN COMPLETE — -- TRANSMISSION LOAD ACCEPTED

TRANSMISSION HAS BEEN ACCEPTED

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
PROVIDER AFFILIATION TRANSMISSION REPORT
TRANSMISSION TRANSMITTAL VALIDATION REPORT

PAGE: 1
RUN: 07/15/06
TIME: 17:11

	TRANSMITTAL	TRANSMISSION HEADER	TRANSMISSION DETAIL	TRANSMISSIONTRAILER	ACTUAL	PASS/ FAIL
FOUND:	YES	YES (1)	YES (644)	YES	-	PASS
RECORD COUNT:	2206	-	-	646	646	FAIL
HEALTH PLAN:	100100	100100	-	-	-	PASS
FILE NAME:	PA071506.TXT		-	-		PASS
FILE CREATION DATE:	07/15/2006	07/15/2006	-	-	-	PASS
PERIOD START DATE:	07/15/2006	07/15/2006	-	-	-	PASS
PERIOD END DATE:	07/15/2006	07/15/2006	-	-	-	PASS

TRANSMISSION ERROR PERCENT: 20.47% — -- TRANSMISSION NOT PROCESSED

TRANSMISSION HAS BEEN REJECTED

S A M P L E   R E P O R T S (continued)

```
REPORT ID:  HP07Q86A           ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM        PAGE: 1
PROGRAM #:  HP07L086             PROVIDER AFFILIATION TRANSMISSION REPORT        RUN: 07/15/06
                                       LOAD EXCEPTIONS BY PROVIDER
                                  PLAN NAME:  VALAURA HEALTH CARE

PR ID     REC NO   FIELD                   FIELD VALUE   ERROR
000000        12   SERVICE PROVIDER ID     000000        NOT REGISTERED WITH AHCCCS

123456       123   OB INDICATOR            X             MUST BE 'Y' OR 'N'
123456       123   PCP INDICATOR           X             MUST BE 'Y' OR 'N'
123456       123   COUNTY CODE             XX            SEE PAT USER MANUAL FOR VALID CODE

123678       134   BC INDICATOR            1             MUST BE 'Y' OR 'N'

156364      1256   SERVICE PROVIDER ID     156364        NOT REGISTERED WITH AHCCCS
156364      1256   OB INDICATOR            Z             MUST BE 'Y' OR 'N'

167485      4506   COUNTY CODE             SS            SEE PAT USER MANUAL FOR VALID CODE
167485      4506   CONTRACT CODE           SS            SEE PAT USER MANUAL FOR VALID CODE
```

```
REPORT ID: HP07Q86B            ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM        PAGE: 1
PROGRAM #: HP07L086               PROVIDER AFFILIATION TRANSMISSION REPORT        RUN: 07/15/06
                                        LOAD EXCEPTIONS BY FIELD
                                  PLAN NAME:  VALAURA HEALTH CARE

PR ID     REC NO    FELD                    FIELD VALUE   ERROR
000000    000012    SERVICE PROVIDER ID     000000        NOT REGISTERED WITH AHCCCS
156364    001256    SERVICE PROVIDER ID     156364        NOT REGISTERED WITH AHCCCS

123678    000134    BC INDICATOR            1             MUST BE 'Y' OR 'N'

123456    000123    OB INDICATOR            X             MUST BE 'Y' OR 'N'
156364    001256    OB INDICATOR            Z             MUST BE 'Y' OR 'N'

123456    000123    PCP INDICATOR           X             MUST BE 'Y' OR 'N'

123456    000123    COUNTY CODE             XX            SEE PAT USER MANUAL FOR VALID CODE
167485    004506    COUNTY CODE             SS            SEE PAT USER MANUAL FOR VALID CODE

167485    004506    CONTRACT CODE           SS            SEE PAT USER MANUAL FOR VALID CODE
```

S A M P L E   R E P O R T S   (continued) - L O A D   D E T A I L

```
REPORT ID: HP07Q86C          ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM      PAGE: 1
PROGRAM #: HP07L086            PROVIDER AFFILIATION TRANSMISSION REPORT        RUN: 07/15/06
                                 PLAN NAME:  VALAURA HEALTH CARE

PR-ID:                    101001            101002          101003          101004
NAME:                     LENKAITIS, D.     KALLENBACH, T.  ATCHISON, J.    MUDRY, T.
ADDRESS 1:                1234 E MAIN ST    4056 N 17TH ST  333 W ROCKY RD  160 N AVONDALE
ADDRESS 2:                                                                  STE 16B
CITY:                     PHOENIX           PHOENIX         PHOENIX         PHOENIX
ZIP:                      85040             85046           85041           85048
COUNTY:                   MARICOPA          MARICOPA        MARICOPA        MARICOPA
MEMBER COUNT:             000345            000115          000345          000022
MEMBER CAPACITY:          000460            000200          000460          000080
FROM RANGE OF PCT:        030               000             000             000
TO RANGE OF PCT:          090               000             000             000
BOARD CERTIFIED?:         YES               NO              YES             YES
COMPLETED RESIDENCY?:     YES               NO              YES             YES
EPSDT?:                   YES               YES             YES             YES
OBSTETRICS?:              NO                NO              NO              NO
PCP?:                     YES               NO              YES             YES
OPEN TO NEW MEMBERS?:     YES               NO              NO              YES
CONTRACT CODE:            01                02              07              00
LANGUAGE – PRV(1) :       SPANISH           SPANISH                         SPANISH
LANGUAGE – PRV(2):        FRENCH                                            FRENCH
LANGUAGE – PRV STAFF(1):  SPANISH                           SPANISH         SPANISH
LANGUAGE – PRV STAFF(2):  BOSNIAN           NAVAJO
LANGUAGE – PRV STAFF(3):                    SERBIAN
SPECIALTY (1):            FAMILY PRACTICE   PEDIATRICIAN    OBSTETRICIAN AND GYN
SPECIALTY (2):            PEDIATRIC NEUROLOGIST                             MATERNAL AND
SPECIALTY (3):
SPECIALTY (4):
SPECIALTY (5):
SPECIALTY (6):
SPECIALTY (7):
SPECIALTY (8):
SPECIALTY (9):
SPECIALTY (10):
```

S A M P L E   R E P O R T S (continued)

```
REPORT ID: HP07Q089          ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM        PAGE:   1
PROGRAM #: HP07L089             PROVIDER AFFILIATION DUPLICATE REPORT           RUN: 07/15/06

              HEALTH PLAN:  VALAURA HEALTH CARE


PROVIDER NUMBER          PROVIDER NAME              ZIP CODE          COUNTY

194720                   MILLER/WILLIAM A.          85938             APACHE
362450                   MEMON/ABDUL-QADIR          85938             APACHE


TOTAL NUMBER OF DUPLICATE PROVIDERS:    2
```

```
REPORT ID: HP07Q86D          ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM        PAGE:   1
PROGRAM #: HP07L086            PROVIDER AFFILIATION TRANSMISSION REPORT         RUN:  07/15/06
                                        LOAD SUMMARY
                   HEALTH PLAN:               100100   VALAURA HEALTH CARE

                   FILENAME:                  PA071506.TXT

                   CREATION DATE:             07/15/2006

                   PERIOD START DATE:         07/01/2006

                   PERIOD END DATE:           09/30/2006

                   DATE LOGGED:               07/15/2006

                   RECORDS READ:                  2602

                   RECORDS WITH ERRORS:              6

                   TOTAL EXCEPTION ERRORS:          11
```

Arizona Health Care Cost Containment System

___

S A M P L E   R E P O R T S   (continued)

REPORT ID: HP07Q99A			ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM				PAGE: 1
PROGRAM #: HP07L099			HEALTH PLANS PROVIDER AFFILIATION				RUN: 07/15/06
			SUMMARY TOTALS FOR VALAURA HEALTH CARE				

				OVERALL	PCP	PCP EPSDT	PCP OB	OB	BH
APACHE	FORT MOHAVE	PHARMACY	NONE	1	0	0	0	0	0
	GALLUP	CERTIFIED NURSE-MIDWIFE	RN MIDWIFE	2	1	0	0	0	0
		DENTIST	DENTIST - ORAL SURGEON	1	0	0	0	0	0
		DO-PHYSICIAN OSTEOPATH	EMERGENCY MEDICINE	1	0	0	0	0	0
		HOSPITAL	GENERAL PRACTICE	1	1	1	1	1	0
		MD-PHYSICIAN	ANESTHESIOLOGIST	1	0	0	0	0	0
			EMERGENCY MEDICINE	1	0	0	0	0	0
			FAMILY PRACTICE	1	1	0	0	0	0
			GENERAL PRACTICE	1	0	0	0	0	0
			INTERNAL MEDICINE	4	2	2	0	0	0
			NEUROLOGIST	1	0	0	0	0	0
			NUCLEAR MEDICINE	1	0	0	0	0	0
			OBSTETRICIAN AND GYNECO	2	0	0	0	0	0
			PATHOLOGY	1	0	0	0	0	0
			PEDIATRIC ENDOCRINOLOGI	1	0	0	0	0	0
			PEDIATRICIAN	1	0	0	0	0	0
			SURGERY	2	0	0	0	0	0
			SURGERY-ORTHOPEDIC	1	0	0	0	0	0
			SURGERY-UROLOGICAL	1	0	0	0	0	0
		PHARMACY	NONE	1	0	0	0	0	0
		PHYSICIANS ASSISTANT	PHYSICIAN ASSISTANT	1	0	0	0	0	0
	GANADO	DENTIST	DENTIST-GENERAL	2		0	0	0	0
		DO-PHYSICIAN OSTEOPATH	OSTEOPATHIC MANIPULATIV	1	0	0	0	0	0
		HOSPITAL	FAMILY PRACTICE	1	1	1	1	1	0
		MD-PHYSICIAN	ANESTHESIOLOGIST	1	0	0	0	0	0
			FAMILY PRACTICE	4	4	0	0	0	0
			RADIOLOGY	1	0	0	0	0	0
			SURGERY	1	0	0	0	0	0
		PHYSICAL THERAPIST	NONE	2		0	0	0	0
		PHYSICIANS ASSISTANT	PHYSICIAN ASSISTANT	1	1	0	0	0	0
	SPRINGERVILLE	DENTIST	DENTIST-GENERAL	1	0	0	0	0	0
		DME SUPPLIER	NONE	1	0	0	0	0	0
		DO-PHYSICIAN OSTEOPATH	FAMILY PRACTICE	1	1	1	0	0	0
		HOSPITAL	NONE	1	0	0	0	0	0
		MD-PHYSICIAN	CARDIOVASCULAR MEDICINE	1	0	0	0	0	0
			INTERNAL	1	1	1	1	1	0
		MENTAL HEALTH REHABILIT	NONE	1	0	0	0	0	1
		PHARMACY	NONE	1	0	0	0	0	0
	ST JOHNS	MD-PHYSICIAN	INTERNAL MEDICINE	1	1	1	1	1	0
		PHARMACY	NONE	1	0	0	0	0	0
	ST. JOHNS	DENTIST	DENTIST-GENERAL	1	0	0	0	0	0
	THATCHER	MD-PHYSICIAN	OPTHALMOLOGIST	3	0	0	0	0	0
		PHARMACY	NONE	1	0	0	0	0	0
	WILLCOX	PHARMACY	NONE	1	0	0	0	0	0